

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/27
I.P.E. CLASSIFIER	<i>[Signature]</i>	60135	8/30/00
FORMALITY REVIEW			10/11/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interferen.  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 3/26/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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